

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17810

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 594	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 13 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Methodist Hospital (Missouri)				e. STREET ADDRESS (If rural, give location) R. R. #3 0110/1			
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle) OWEN		c. (Last) REEDER		4. DATE OF DEATH (Month) (Day) (Year) June 11 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 1, 1890	
9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Auburn Indiana		12. CITIZEN OF WHAT COUNTRY? U S A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy worker		10b. KIND OF BUSINESS OR INDUSTRY Western Dairy		11. BIRTHPLACE (City and State or Foreign Country) Auburn Indiana		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Coleman Reeder		13b. MOTHER'S MAIDEN NAME Mary Tolbert		14. NAME OF HUSBAND OR WIFE Mrs. Inez Reeder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.#1 491-22-2984		17. INFORMANT'S SIGNATURE OR NAME Mrs. Inez Reeder		ADDRESS St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia and arteriosclerosis both</i> <i>Lungs - rupture pericardium</i> <i>Structure left severe weak.</i> <i>Fracture right & left ribs.</i> DUE TO (b) <i>Auto mobile accident</i> <i>crushing injury chest.</i> DUE TO (c) <i>Auto mobile accident</i> <i>crushing injury chest.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Andrew Co.</i>		21c. (CITY, TOWN, OR TOWNSHIP) <i>St. Joseph</i> (COUNTY) <i>Andrew Co</i> (STATE) <i>Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 4 1955 9:00</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>auto accident</i>			
22. I hereby certify that I attended the deceased from <i>4 June, 1955</i> , to <i>11 June, 1955</i> , that I last saw the deceased alive on <i>11 June, 1955</i> , and that death occurred at <i>11:00A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Robert Long M.D.</i> (Degree or title)				23b. ADDRESS <i>Lawrence, Mo.</i>		23c. DATE SIGNED <i>6/13/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-14-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Joseph Missouri</i>	
DATE REC'D BY LOCAL REG. <i>June 16, 1955</i>		REGISTRAR'S SIGNATURE <i>Cather M. Allison</i> 485		25. FUNERAL DIRECTOR'S SIGNATURE <i>Shammy Funeral Home</i>		ADDRESS <i>St. Joseph, Mo.</i>	

(Licensed Embalmers' Statement on Reverse Side)

JUN 21 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*Charles E. Bennett*.....

Licensed Embalmer No. *4477*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.